

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
APR 23 2021  
Bayfield Co. Zoning Dept.



Permit #:	21-0086
Date:	4-28-21
Amount Paid:	\$75 4-28-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application **MUST** be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Alan T Viebrock	Mailing Address: 2382 40TH AVE	City/State/Zip: Oscoda WI 54020	Telephone:
Address of Property: 86735 Kenawee Rd.	City/State/Zip: Herbster WI 54844	Cell Phone:	
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION SE 1/4, NE 1/4	Legal Description: (Use Tax Statement) West of Kenawee Rd	Tax ID# 11450	Recorded Document: (Showing Ownership) 2019R- 577152
Gov't Lot	Lot(s) 1	CSM 1140	Vol & Page 7/152
CSM Doc #	Lot(s) #	Block #	Subdivision:
Section 8, Township 50 N, Range 7 W	Town of: Clouet	Lot Size	Acreage .77

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$12,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	Use <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 30	Width: 36	Height: 16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
		with (2nd) Deck	( X )	
<input type="checkbox"/> Commercial Use		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use Secretarial Staff	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) Garage	( 30 x 36 )	1080
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
<input type="checkbox"/>	Other: (explain) _____	( X )		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Alan T Viebrock Date 4-22-21  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

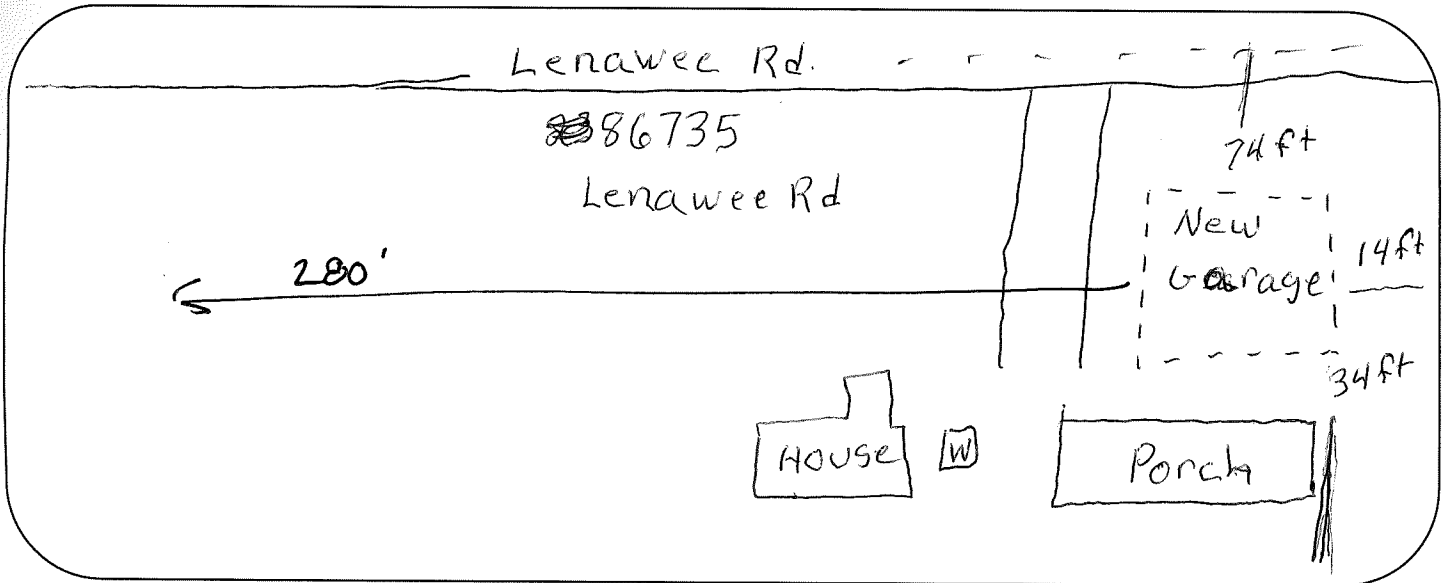
Address to send permit 2382 40TH AVE Oscoda WI 54020 Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Original Application **MUST** be submitted

Below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- (1) Show Location of: Proposed Construction  
 (2) Show / Indicate: North (N) on Plot Plan  
 (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
 (4) Show: All Existing Structures on your Property  
 (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
 (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	74 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	41 Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	280 Feet	Setback from Wetland	NA Feet
Setback from the South Lot Line	14 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	34 Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	107 Feet		
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	45 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: City Sewer	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0080		Permit Date: 4-28-21		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes Attached GSN <input type="checkbox"/> No		
Inspection Record: Project location as represented by owner		Zoning District (RRB)		
Appears Code Compliant. OK to issue L.U. Permit		Lakes Classification ( ~ )		
Date of Inspection: 4/22/21	Inspected by: Robert Schirmer	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Not to be used for human habitation or sleeping purposes				
Signature of Inspector: [Signature]				Date of Approval: 4/23/21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal  
May Also Be Required

USE - X  
SANITARY - City  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0080** Issued To: **Alan Viebrock**

N  $\frac{1}{2}$  of NW  $\frac{1}{4}$  of

Location: **SE**  $\frac{1}{4}$  of **NE**  $\frac{1}{4}$  Section **8** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Accessory Structure: [ 1- Story; Garage (30' x 36') = 1,080 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Not to be used for human habitation or sleeping purposes.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Rob Schierman**

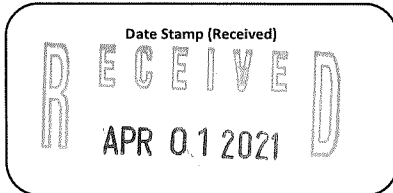
Authorized Issuing Official

**April 28, 2021**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0086
Date:	4-30-21
Amount Paid:	\$75.00 check 4-1
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Gerald Sackmaster</u>	
Mailing Address: <u>P.O. Box 37</u>	
City/State/Zip: <u>Herbster, Wis 54844</u>	
Telephone: _____	
Address of Property: <u>16435 Bark River Rd</u>	
City/State/Zip: <u>Herbster Wisc. 54844</u>	
Cell Phone: <u>608-461-0415</u>	
Plumber Phone: _____	
Contractor: _____	
Contractor Phone: _____	
Plumber: _____	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	
Agent Phone: _____	
Agent Mailing Address (include City/State/Zip): _____	
Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)
Tax ID# <u>11778</u>	
Recorded Document: (Showing Ownership) <u>2013R 549942</u>	
<u>SE 1/4, SW 1/4</u>	Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ CSM Doc # _____ Lot(s) # _____ Block # _____
Subdivision: _____	
Section <u>22</u> , Township <u>50</u> N, Range <u>7</u> W	
Town of: <u>clover</u>	
Lot Size _____ Acreage <u>33</u>	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material  \$ <u>7,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property			
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation				<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab				<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>HT</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Skids				<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	<input type="checkbox"/> Use				<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Year Round				<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
					<input type="checkbox"/> Compost Toilet				
					<input type="checkbox"/> None				

Existing Structure: (if addition, alteration or business is being applied for)	Length: _____	Width: _____	Height: _____
Proposed Construction: (overall dimensions)	Length: <u>20</u>	Width: <u>12</u>	Height: <u>12</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) <u>Shed</u>	( 12 X 20 )	240
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Gerald Sackmaster Kathleen J. Sackmaster  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4-1-2021

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit Abree PO Box

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted



Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- (1) Show Location of: **Proposed Construction**  
 (2) Show / Indicate: **North (N) on Plot Plan**  
 (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
 (4) Show: **All Existing Structures on your Property**  
 (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
 (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
 (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

Bank River Rd

Proposed Shed 12x20

House

garage

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	133 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	310 Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	133 Feet		
Setback from the South Lot Line	1200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	586 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	684 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	58 Feet	Setback to Well	80 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 297858	# of bedrooms: 4	Sanitary Date: 12-11-98
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0086		Permit Date: 4-30-21		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Site staked and appears code compliant			Zoning District (RRB)	
			Lakes Classification (3)	
Date of Inspection: 4-28-21	Inspected by: Todd Norwood		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Structure not for human habitation / sleeping purposes. No pressurized water or Plumbing allowed inside structure. Must meet and maintain setbacks.				
Signature of Inspector: Todd Norwood			Date of Approval: 4-29-21	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal  
May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0086** Issued To: **Gerald & Kathleen Sackmaster**

Par in  
Location: **SE**  $\frac{1}{4}$  of **SW**  $\frac{1}{4}$  Section **22** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Accessory Structure: [ 1- Story; Shed (12' x 20') = 240 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Structure not for human habitation / sleeping purposes. No pressurized water or plumbing allowed inside structure. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

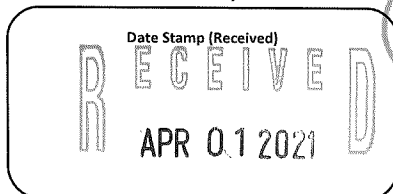
**April 30, 2021**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0087
Date:	4-30-21
Amount Paid:	\$ 75.00 Check 4-1
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Gerald Sackmaster	Mailing Address: P.O. Box 37	City/State/Zip: Herbster Wis. 54844	Telephone: 
Address of Property: 16435 Bark River Rd	City/State/Zip: Herbster Wis. 54844	Cell Phone: 608 461-0415	
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 11778	Recorded Document: (Showing Ownership) 2013 R 549942	
SE 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM
Vol & Page	CSM Doc #	Lot(s) #	Block #
Subdivision:			
Section 22, Township 56 N, Range 7 W		Town of: Clover	Lot Size Acreage 33

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: HT	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Skids	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 30	Width: 12	Height: 12

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) Shed	( 30 X 12 )	360
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Gerald Sackmaster Kathleen J. Sackmaster  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4-1-2021

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit Above PO Box

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- Show Location of:

Show / Indicate:

Show Location of (\*):

Show:

Show:

Show any (\*):

Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\* Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\* Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\* Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\* Wetlands; or (\*) Slopes over 20%

Back River Rd

garage

House

30 x 12

Proposed Shed

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	223 Feet		Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	190 Feet		Setback from the River, Stream, Creek	370 Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	223 Feet			
Setback from the South Lot Line	1100 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	580 Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1090 Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet		Setback to Well	100 Feet
Setback to Drain Field	Feet			
Setback to Privy (Portable, Composting)	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 297858	# of bedrooms: 4	Sanitary Date: 12-11-98
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0087		Permit Date: 4-30-21		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Site Staked and appears code compliant.		Zoning District (RRB) Lakes Classification (3)		
Date of Inspection: 4-28-21	Inspected by: Paul Norwood	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) Structure not for human habitation/sleeping purposes. No pressurized water or plumbing allowed inside structure. Must meet and maintain setbacks				
Signature of Inspector: Paul Norwood				Date of Approval: 4-29-21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, Village, State or Federal  
May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0087** Issued To: **Gerald & Kathleen Sackmaster**

Par in  
Location: **SE**  $\frac{1}{4}$  of **SW**  $\frac{1}{4}$  Section **22** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Accessory Structure: [ 1- Story; Shed (12' x 30') = 360 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Structure not for human habitation / sleeping purposes. No pressurized water or plumbing allowed inside structure. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

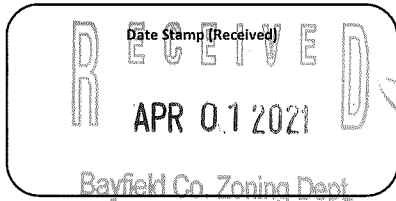
Authorized Issuing Official

**April 30, 2021**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0088
Date:	4-30-21
Amount Paid:	\$75.00 Cash
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Gerald Sackmaster				Mailing Address: P.O. Box 37				City/State/Zip: Herbster Wis 54844				Telephone: 			
Address of Property: 16435 Bark Rd.				City/State/Zip: Herbster Wis 54844				Cell Phone: 608 461-0415				Plumber Phone: 			
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# 11778				Recorded Document: (Showing Ownership) 2013R 549942					
SE 1/4, SW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:		Section 22, Township 50 N, Range 7 W		Town of:		4778 clover		Lot Size		Acreage		33			

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 360 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material  \$ 26,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	Total # of bedrooms on property  2	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?		Type of Water on property  Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> (New) Sanitary Specify Type: HT		
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab		<input type="checkbox"/> Sanitary (Exists) Specify Type:		
	<input type="checkbox"/> Relocate (existing bldg)		<input checked="" type="checkbox"/> Pits Use		<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Portable (w/service contract)		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 24	Width: 12	Height: 10

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) 4-Season Porch	( 12 X 24 )	288
	<input type="checkbox"/>	Accessory Building (explain)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Gerald E. Sackmaster Kathleen G. Sackmaster  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4-1-2021

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit Above PO Box

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- Show Location of:

Show / Indicate:

Show Location of (\*):

Show:

Show:

Show any (\*):

Show any (\*):
- Proposed Construction

North (N) on Plot Plan

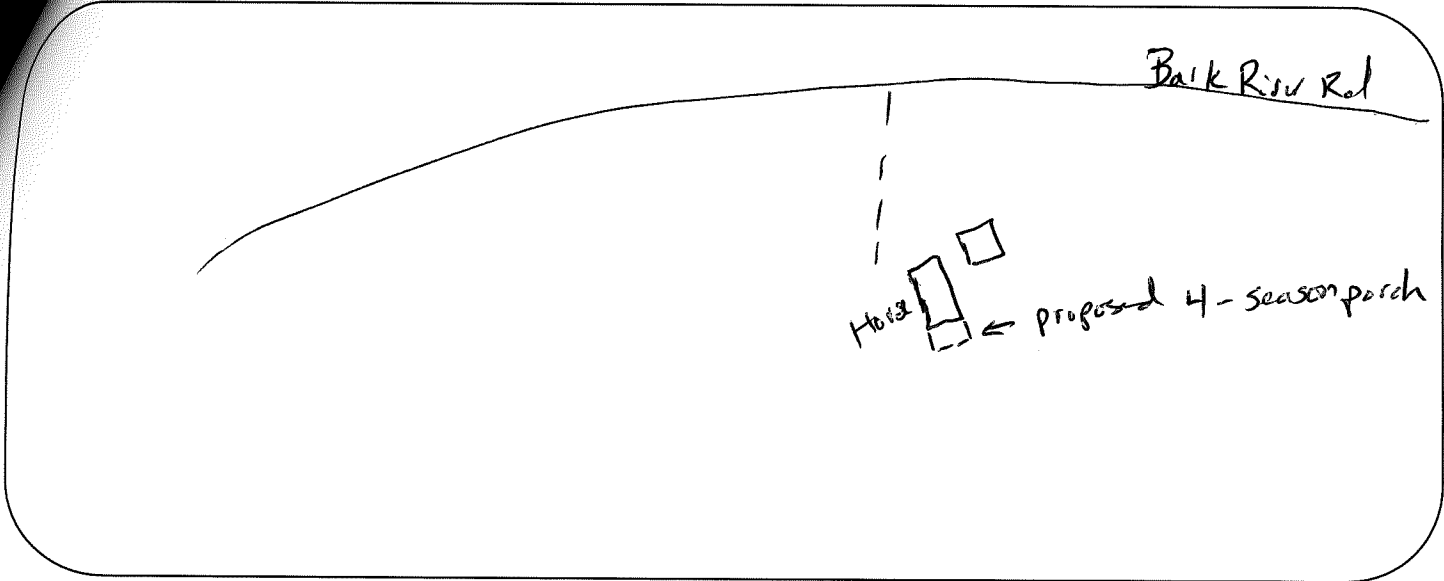
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	173	Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	140	Feet	Setback from the River, Stream, Creek	368 Feet
			Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	173	Feet		
Setback from the South Lot Line	114	Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	650	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	616	Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	50	Feet	Setback to Well	50 Feet
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 297858	# of bedrooms: 4	Sanitary Date: 12-11-98	
Permit Denied (Date):		Reason for Denial:			
Permit #: 21-0088		Permit Date: 4-30-21			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Case #:		Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: site staked and appears code compliant.			Zoning District (ARB) Lakes Classification (3)		
Date of Inspection: 4-28-21		Inspected by: Todd Norwood		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction, if required. must meet and maintain setbacks.					
Signature of Inspector: Todd Norwood				Date of Approval: 4-29-21	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

City, Village, State or Federal  
May Also Be Required

LAND USE – X  
SANITARY – 297858  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0088** Issued To: **Gerald & Kathleen Sackmaster**

Par in  
Location: **SE**  $\frac{1}{4}$  of **SW**  $\frac{1}{4}$  Section **22** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Addition / Alteration: [ 1- Story; 4-Season Porch (12' x 24') = 288 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Must obtain a uniform dwelling code permit from the locally contracted UDC inspection agency prior to start of construction, if required. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**April 30, 2021**

Date